SEP 1 8 2005 Complete if Known Effective on 12/08/04 int to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/840,588 RANSMITTAL Filing Date April 23, 2001 First Named Inventor **Gang Wang** For FY 2005 Examiner Name Victor D. Lesniewki Art Unit 2155 ☐ Applicant claims small entity status. See 37 CFR 1.27 Attorney Docket No. 155507.01 TOTAL AMOUNT OF PAYMENT EV 690448785 US (\$) 790.00 Express Mail Label No. METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None Other (please identify): Deposit Account Name: MICROSOFT CORPORATION ☑ Deposit Account Deposit Account Number: 50-0463 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 100 Utility 250 200 100 130 Design 100 50 65 200 160 100 300 80 Plant 150 300 600 300 Reissue 150 SOO 250 0 200 O 0 0 **Provisional** 100 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 33 or HP= Õ Fee Paid (\$) 33 Fee (\$) × <u>50</u> HP=highest number of total claims paid for, if gre ater than 20 0 0 Extra Claims Fee (\$) Indep. Claims Fee Paid (\$)

SUBMITTED BY		1		<u> </u>	<u> </u>			
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Extra Sheets

Other: Request for Continued Examination (RCE) Fee

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3. APPLICATION SIZE FEE

Non-English Specification.

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4. OTHER FEE(S)

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